

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

12233-62-048447
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

VS 300
Rev. 4/59

1

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY **FILED JAN 2 1963**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b
D. O. A.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Christian Hospital**

Inside Limits
Yes ☐ No ☐

c. CITY OR TOWN **Ferguson**

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
213 Manning Dr.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **August**

Middle **Husmann**

Last

4. DATE OF DEATH

Month **Dec. 19**, Year **1962**

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8-23-01

9. AGE (last birthday)
61

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY
Foundry

11. BIRTHPLACE (City and state or country)
Banburg, Germany

12. CITIZEN OF WHAT COUNTRY
U. S.

13a. FATHER'S NAME
Unknown

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Marjorie Husmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Marjorie Husmann, Ferguson, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute coronary thrombosis

Condition, if any, which caused (a),
mediate cause (b),
lying cause (c).
DUE TO (b) **Hypertension**
DUE TO (c) **arteriosclerosis**

4201

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).
12-21-62

PART III. If deceased was female was there a pregnancy in last 90 days
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **2-17-1960** to **11-9-62** and last saw her him alive on **11-9-1962**
Death occurred at **Christian Hospital** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

D. B. Burdick M.D.

(Degree or title)

22b. ADDRESS

3409 N. Union

22c. DATE SIGNED

12-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
12-21-62

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery

23d. LOCATION (City, town, or county)
Normandy, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

White-Mullen Mortuary, Ferguson, Mo.

25. DATE RECD. BY LOCAL REG.

DEC 20 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

Rev. D. E. Burwood
3409 N. Duane

MAILED JUL 22 1914

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35 mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.